

**Best Available Copy**

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
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38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	2					TOTAL IND.		
TOTAL DEP.	5	↓	↓	↓	↓	TOTAL DEP.	↓	
TOTAL CLAIMS	7					TOTAL CLAIMS		
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS								